

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: RHODE ISLAND

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

SERVICE	TYPE OF CHARGE			AMOUNT AND BASIS FOR DETERMINATION
	DEDUCTIBLE	COINSURANCE	COPAY	
Non-emergency services provided in a hospital emergency room.			X	A recipient co-payment of \$3.00 is imposed for a hospital emergency room visit when the services provided during the visit do not meet the definition of emergency services. A provider may not deny service to a recipient who is unable to pay the co-payment at the time the service is delivered.

TN No. 93-018
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- B. The method used to collect cost sharing charges for categorically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The co-payment is not imposed for children under 18, IV-E and non-IV-E foster care children, adoption assistance children, pregnant women, and institutionalized individuals.

At the point of service, the hospital will determine if the visit is subject to a co-payment, and if the recipient is subject to imposition of a co-payment. If both conditions are met, the hospital will charge the recipient the \$3.00 co-payment, and issue a form MA-300, which advises the recipient of the co-payment, and his/her rights to appeal.

The hospital must bill the Medical Assistance Program with the appropriate ICD-9-CM diagnosis code(s), and a description of emergency services provided. Such services are documented in the hospital medical record.

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- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The co-payment is not imposed for children under 18, IV-E and non-IV-E foster care children, adoption assistance children, pregnant women, and institutionalized individuals. A provider may not deny service to a recipient who is unable to pay the co-payment at the time the service is delivered.

The co-payment will not be imposed on the recipient and deducted from the hospital's claim when a claim is for an emergency service as defined below.

Emergency services are defined as services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Following is a list of examples of presenting problems/diagnoses that will not incur a co-payment.

Chest pain

Shortness of breath or difficulty breathing

Sudden:

- high fever in children under five years
- loss of vision, hearing, memory, motion or speech
- allergic reaction with swollen tongue or fullness of throat
- paralysis

Suspected poisoning

Seizures, convulsions or unconsciousness

Drug overdose

Suicide attempt

Psychotic behavior

Complications of pregnancy

- sudden vaginal bleeding
- membrane rupture
- premature labor
- suspected miscarriage

Severe and unexplained bleeding

- E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below: